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ADDRESS

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I APPRECIATE YOUR INVITATION TO HAVE ME COME BY AND TALK TO YOU ABOUT OCCUPATIONAL HEALTH. MOST OF THE TIME I AM ASKED TO SPEAK ABOUT AIDS AND ONLY AIDS ... OR SMOKING AND ONLY SMOKING ... AND, OF COURSE, I USUALLY OBLIGE.

BUT -- AS IMPORTANT AS THOSE TWO TOPICS ARE, AND I WILL CERTAINLY TOUCH ON THEM THIS MORNING -- THE FACT OF THE MATTER IS THAT WE, AS A SOCIETY, ARE FACED WITH A GREAT MANY OTHER THREATS TO OUR HEALTH AND, IN NEARLY EVERY CASE, WE CAN DO SOMETHING ABOUT THEM.

AND I STRONGLY SUSPECT THAT EACH ONE OF YOU SHARES THAT SAME PERSPECTIVE WITH ME -- MAYBE EVEN MORE SO -- SINCE YOU KNOW, THROUGH YOUR DAY-TO-DAY CONTACT WITH THE NASA WORKFORCE, THAT, WHILE THE LEVEL OF SMOKING IS GOING DOWN, FOR EXAMPLE, MANY OTHER THREATS TO EMPLOYEE HEALTH ARE NOT DISAPPEARING.

THEREFORE, SINCE DR. LEVINE VERY KINDLY LEFT THE DOOR WIDE OPEN FOR ME TO TALK ABOUT ANY ASPECT OF OCCUPATIONAL HEALTH THAT CONCERNS ME, I DECIDED TO TACKLE A COUPLE OF THE BASIC ISSUES THAT CONFRONT US IN THIS FIELD OF OCCUPATIONAL HEALTH.

I THINK YOU KNOW THE "LAUNDRY LIST" OF ON-THE-JOB, HIGH-RISK BEHAVIORS AS WELL AS I DO ... PROBABLY BETTER. INSTEAD, I'D LIKE TO SHARE WITH YOU THIS MORNING SOMETHING OF THE UNDERLYING CHALLENGES THAT CONFRONT US IN THIS FIELD, AS THEY LOOK TO ME FROM MY PERSPECTIVE AS YOUR SURGEON GENERAL.

AND I MAY MAKE A FEW SUGGESTIONS AS TO WHAT WE MAY HAVE TO DO ABOUT THEM.

ALSO, I'M NOW ENTERING THE FINAL YEAR OF MY SECOND TERM AS SURGEON GENERAL. SO THIS WILL PROBABLY BE MY LAST AMSUS MEETING, AND I DON'T WANT TO MISS ANY OPPORTUNITY WHILE I'M HERE TO TALK ABOUT ISSUES THAT HAVE CONCERNED ME DURING MY TIME IN OFFICE ... AND SHOULD CONCERN US ALL, BOTH TODAY AND TOMORROW.

FIRST OF ALL, I'VE BEEN IMPRESSED WITH THE FUNDAMENTAL SHIFT IN PUBLIC HEALTH THINKING THAT HAS OCCURRED OVER THE PAST DECADE. THERE ARE TWO PARTS TO IT, AND HERE THEY ARE:

PART ONE IS THAT THE PREVENTION OF DISEASE AND DISABILITY AND THE PROMOTION OF GOOD HEALTH WILL PRODUCE FAR AND AWAY THE GREATEST IMPROVEMENTS IN THE HEALTH STATUS OF AMERICANS.

SOME ANALYSTS EVEN SAY THAT PREVENTION AND HEALTH PROMOTION CAN PREVENT UP TO 70 PERCENT OF ALL PREMATURE DEATHS, WHEREAS THE TRADITIONAL CURATIVE AND REPARATIVE APPROACH OF MEDICINE CAN PREVENT NO MORE THAN 10 TO 15 PERCENT OF SUCH DEATHS. EVEN IF THEY'RE ONLY HALF RIGHT, THAT'S QUITE A DIFFERENCE IN SOCIAL PAY-OFFS.

PART TWO IS THAT THESE TWO APPROACHES TO HEALTH -- THAT IS, DISEASE PREVENTION AND HEALTH PROMOTION -- ARE THE PRIMARY RESPONSIBILITIES OF EACH INDIVIDUAL. PHYSICIANS AND THERAPISTS AND PHARMACISTS AND NURSES CAN PROVIDE INFORMATION AND ALL KINDS OF SERVICE. BUT THE CHOICES REST WITH THE INDIVIDUAL. AND THEY ARE FREE CHOICES IN NEARLY EVERY CASE, NOT MANDATED BY LAW -- AT LEAST NOT YET. BUT THAT'S ANOTHER STORY.

THIS TWO-FOLD CHANGE IN THE WAY WE LOOK AT HEALTH IN AMERICA HAS NOT YET BEEN FULLY ABSORBED BY THE AMERICAN PEOPLE, ALTHOUGH THEY SEEM WILLING ENOUGH TO LEARN.

THE BOOM IN EXERCISE EQUIPMENT AND RUNNING SHOES AND SALAD BARS AND SO ON IS A GOOD SIGN. BUT WE STILL DON'T KNOW WHETHER THOSE BEHAVIORS ARE INDICATIVE OF ONE GENERATION'S FASCINATION WITH SOMETHING NEW, OR WHETHER THEY ARE TRULY SYMPTOMATIC OF A DEEPER AND LONGER-LASTING CHANGE IN OUR CULTURE. NATURALLY, I HOPE IT'S THE LATTER.

NOW, IT'S TRUE THAT AMERICAN PUBLIC HEALTH HAS ALWAYS HAD A STRONG PREVENTIVE BASE: WE WERE BROUGHT UP ON VACCINATION PROGRAMS AND WATER FLUORIDATION AND BLOOD PRESSURE CHECK-UPS AND SO ON.

NEVERTHELESS, I THINK THE OVERALL PERCEPTION AMONG THE AMERICAN PEOPLE IS STILL AN OLD-FASHIONED ONE: THAT IS, THAT PUBLIC HEALTH AND MEDICAL AND NURSING PERSONNEL ARE REALLY ON THE JOB TO PATCH YOU UP IF YOU GET HURT OR TO CURE YOU IF YOU GET SICK. IN OTHER WORDS, THE PATIENT IS PASSIVE AND THE HEALTH SYSTEM IS THE ONLY ACTIVE PARTY.

I THINK THE PUBLIC STILL ADHERES TO THE IDEA THAT THE PATIENT IS SUPPOSED TO "FOLLOW THE DOCTOR'S ORDERS," A PHRASE WHICH HAS EVEN BECOME A CLICHE OF THE LANGUAGE.

OF COURSE, BY "FOLLOWING THE DOCTOR'S ORDERS," THE PATIENT WILL DO THOSE THINGS THAT WILL HELP HIM OR HER REGAIN THE LOST STATUS OF FULL HEALTH.

HOWEVER, FOR THE PAST 10 YEARS, EVER SINCE THE LANDMARK PUBLICATION OF "HEALTHY PEOPLE: THE SURGEON GENERAL'S REPORT ON HEALTH PROMOTION AND DISEASE PREVENTION," WE IN THE PUBLIC HEALTH PROFESSIONS HAVE BEEN DILIGENTLY TRYING TO TURN THAT CONVENTIONAL WISDOM AROUND.

I THINK WE'VE HAD SOME EXTRAORDINARY SUCCESS IN SOME AREAS ... SOME GOOD LUCK IN OTHER AREAS ... AND DISAPPOINTMENTS ELSEWHERE.

WE NEED TO LOOK AT THIS 10-YEAR RECORD TO FIND OUT WHAT THE STRENGTHS AND WEAKNESSES HAVE BEEN IN HEALTH PROMOTION AND DISEASE PREVENTION SO FAR. AND FROM SUCH AN APPRAISAL, WE CAN MOVE FORWARD TO BUILD A MORE SUCCESSFUL RECORD IN THE NEXT AND ENSUING DECADES.

WHERE HAVE WE SUCCEEDED? I THINK WE'RE MAKING GREAT STRIDES IN THE ANTI-SMOKING AREA. THE PERCENTAGE OF THE ADULT POPULATION WHO SMOKES IS STEADILY DECLINING AND THAT'S EXCELLENT.

THERE'S ALSO BEEN A DROP IN THE CONSUMPTION OF HARD LIQUOR, WITH A SHIFT TO BEER AND WINE -- OR SIMPLY WATER. AS A RESULT, THERE'S BEEN A DRAMATIC DROP IN CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY IN GENERAL.

PEOPLE SEEM TO BE EATING LESS FAT, PARTICULARLY SATURATED FAT AND CHOLESTEROL. THE DROP IN CIGARETTE SMOKING AND THE REDUCTIONS IN FAT IN THE AVERAGE PERSON'S DIET HAVE COMBINED TO CONTRIBUTE TO THE DECLINE IN HEART DISEASE AND STROKE DEATHS OVER THE PAST 10 TO 15 YEARS AS WELL. THERE'S NO DOUBT ABOUT THAT.

SO I THINK WE CAN FEEL ENCOURAGED ABOUT THE TRENDS SO FAR.
THE BIG QUESTION REMAINS, HOWEVER: ARE THEY REALLY TRENDS ... OR
ARE THEY TEMPORARY ARTIFACTS OF A DYNAMIC CULTURE?

FOR THOSE OF YOU IN POSITIONS AS CLINICIANS AND HEALTH
ADVISORS AND COUNSELORS TO THE NASA CAREER WORKFORCE, THIS
QUESTION IS THE CRUCIAL ONE. HOW CAN WE SHAPE THE ANSWER?

LET ME APPROACH THAT PARTICULAR PROBLEM WITH A LITTLE
ANECDOTE ABOUT A GOOD FRIEND OF MINE, MR. LYNDON SANDERS OF
DALLAS, TEXAS. TO THE BEST OF MY KNOWLEDGE, MR. SANDERS WAS THE
FIRST MOTEL OWNER IN THE COUNTRY TO HAVE A TOTALLY SMOKE-FREE
POLICY IN HIS ESTABLISHMENT AND HE WIDELY ADVERTISED THE FACT.

LYNDON SANDERS DID THIS BECAUSE HE AGREED WITH EVERY SURGEON GENERAL SINCE LUTHER TERRY THAT CIGARETTE SMOKING IS BAD FOR YOU ... IT CAN EVEN KILL YOU.

BUT MR. SANDERS IS A "TRUE BELIEVER" AND HE'S MADE OTHER HOTEL AND MOTEL OWNERS "TRUE BELIEVERS," ALSO, FOR ONE SIMPLE REASON: HE CAN ACTUALLY MEASURE THE NON-SMOKING BENEFITS THAT ACCRUE TO HIM AND TO HIS MOTEL.

AND THESE BENEFITS HAVE LITTLE TO DO WITH HEALTH:

- * LYNDON SANDERS TELLS ME THAT THE PREMIUMS ON HIS FIRE INSURANCE HAVE GONE DOWN.
- * HE SAYS HE DOESN'T HAVE TO SEND HIS CURTAINS AND DRAPES OUT TO BE CLEANED AS OFTEN, SO HIS CLEANING BILLS HAVE DROPPED DRAMATICALLY.
- * HE SAYS THERE ARE NO MORE CIGARETTE BURNS ON THE MOTEL FURNITURE ... AND THAT'S MORE MONEY SAVED IN MAINTENANCE.
- * HE SAYS THAT EMPLOYEE ABSENTEEISM AND JUST PLAIN "GOOFING OFF" ON SMOKE-BREAKS ARE NOT HIS PROBLEMS ANYMORE EITHER. PRODUCTIVITY IS UP.
- * AND SO ON.

IN OTHER WORDS, LYNDON SANDERS DOES HAVE A GREAT DEAL OF VERY PERTINENT DATA ON OUTCOMES, AS A RESULT OF HIS "SMOKE-FREE" POLICY. UNFORTUNATELY FOR THE REST OF US, WE STILL DO NOT HAVE THAT KIND OF PERSUASIVE DATA BASE FOR MOST OTHER AREAS OF PREVENTION AND HEALTH PROMOTION.

YES, WE HAVE A GREAT DEAL OF GROSS STATISTICS, NATIONAL NORMS AND DEVIATIONS, AND SO ON. BUT WE STILL HAVE A VERY LIMITED ABILITY TO ZERO IN ON ANY FINITE POPULATION -- ONE SUCH AS YOURS, FOR EXAMPLE -- AND METHODICALLY CHART THE ACTUAL BENEFITS OF HEALTH PROMOTION AND DISEASE PREVENTION FOR THOSE PEOPLE.

DON'T MISUNDERSTAND ME. I KNOW YOU CAN MOUNT AN EFFECTIVE HIGH BLOOD PRESSURE CONTROL PROGRAM AND I KNOW YOU CAN LOWER THOSE DANGEROUS HYPERTENSIVE NUMBERS AMONG PEOPLE WHO ARE AT HIGH RISK.

BUT THAT'S WHERE WE TEND TO STOP. UNLIKE MR. LYNDON SANDERS, MY MOTEL FRIEND IN DALLAS, WE DON'T YET KNOW HOW TO RECOGNIZE THE TRUE LIVING BENEFITS OF THAT REDUCTION IN HYPERTENSION:

* IS IT BETTER SLEEP? * IS IT FEWER MISSING DAYS
FROM WORK? * IS IT GREATER "PRODUCTIVITY," WHATEVER
THAT WORD MIGHT MEAN? * IS IT BETTER RELATIONS WITH
FAMILY MEMBERS? * IS IT MORE EFFECTIVE USE OF LEISURE
TIME? WHAT'S THE BENEFIT FROM HYPERTENSION CONTROL?

IF WE CAN'T PROVIDE THESE KINDS OF LINKED ANSWERS, THEN WE
WILL NEVER BE ABLE TO FULLY JUSTIFY THE VALUE OF A HYPERTENSION
CONTROL PROGRAM TO AN OFTEN QUIRKY AND SKEPTICAL PUBLIC.

AND, AGAIN, SINCE THE BURDEN OF PREVENTION IS PRIMARILY ON THE PUBLIC -- IN FACT, ON THE INDIVIDUAL -- IT'S ESSENTIAL THAT WE PAY GREATER ATTENTION TO THIS ISSUE.

IF WE CAN'T MAKE A GOOD CASE, WE STAND TO LOSE THE WHOLE CASE.

AND THAT'S AN UNACCEPTABLE RISK.

SO I WOULD SAY THAT ONE OF THOSE SO-CALLED "CROSS-CUTTING ISSUES" IN PUBLIC HEALTH TODAY IS THE ISSUE OF BENEFITS DATA ... THE KIND OF DATA THAT ANSWER THAT TOUGH, CRASS, BUT OBVIOUS QUESTION RAISED BY YOUR PATIENT OR CLIENT: "OKAY, MAYBE I'LL DO WHAT YOU SUGGEST -- BUT WHAT'S IN IT FOR ME?"

IN OTHER WORDS, "HOW WILL MY LIFE IMPROVE, IF THESE NUMBERS GO DOWN?"

I MENTIONED THIS POINT TO A COLLEAGUE A WHILE AGO AND HE CAME BACK WITH WHAT HE THOUGHT WAS THE PERFECT ILLUSTRATION OF WHAT I WAS TALKING ABOUT.

A COMPANY IN UPPER NEW YORK STATE GAVE A FREE STATE LOTTERY TICKET TO EVERY EMPLOYEE WHO HAD A BLOOD-PRESSURE CHECK-UP.

A TERRIBLE IDEA! AN AWFUL GIMMICK! A COMPLETE MISUNDERSTANDING OF WHAT A "PERSONAL HEALTH BENEFIT" IS SUPPOSED TO BE ... ESPECIALLY SINCE NO ONE IN THE COMPANY HAS WON A DIME FROM THE LOTTERY TO THIS DAY.

NO, WE CAN'T DO IT WITH GIMMICKS AND WE CAN'T DO IT WITH SMOKE AND MIRRORS. WE'VE GOT TO TELL THE STORY OF THE BENEFITS OF PREVENTION AND HEALTH PROMOTION IN MORE DIRECT, PERSONAL, AND UNDERSTANDABLE WAYS. AND WE NEED TO SET UP THE APPROPRIATE DATA COLLECTION AND ANALYSIS SYSTEMS TO DO THE JOB.

AND THIS GOES RIGHT ALONG WITH GOAL-SETTING.

A MOMENT AGO I MENTIONED THE LANDMARK PUBLICATION OF "HEALTHY PEOPLE" BY MY PREDECESSOR, SURGEON GENERAL JULIUS RICHMOND, BACK IN 1979. WHAT MADE THAT PUBLICATION SO SPECIAL WAS THAT IT ACTUALLY SET OUT SOME QUANTIFIABLE GOALS IN PREVENTION AND HEALTH PROMOTION.

WE'RE STILL IN THE PROCESS OF MEASURING OUR PROGRESS TOWARD THOSE GOALS AND ARE, AT THE SAME TIME, ASSEMBLING THE OBJECTIVES FOR THE YEAR 2000.

BUT WHEN YOU LOOK AT THE SPECIFIC TASK OF MANAGING EACH OF THESE OBJECTIVES, YOU ARE AGAIN STRUCK BY THE FACT THAT OUR INTENTIONS -- AND OUR INTUITIVE UNDERSTANDING OF THE PROBLEMS -- FAR OUT-RUN OUR ACTUAL KNOWLEDGE, IN TERMS OF HARD DATA.

WE NEED TO FOCUS ON THAT PART OF OUR TASK AND BUILD A FAR BETTER BASE OF INFORMATION THAN IS NOW CURRENTLY AVAILABLE.

AND I RAISE THAT ISSUE WITH YOU TODAY BECAUSE I BELIEVE THE STARTING-POINT FOR THE BUILDING OF SUCH A DATA BASE IS NOT NECESSARILY THE DATA-COLLECTION AGENCIES OF GOVERNMENT.

I THINK THE STARTING-POINT IS RIGHT WHERE YOU ARE ... RIGHT WHERE YOUR CLIENTS AND PATIENTS ARE ... RIGHT AT THE POINT OF SERVICE.

SO ONE OF THE MOST IMPORTANT CHALLENGES TO OCCUPATIONAL HEALTH IN THE YEARS AHEAD, IT SEEMS TO ME, IS TO DEVELOP THE ABILITY AND THE TECHNOLOGY TO ASSEMBLE LOCAL DATA SETS PERTINENT TO THE PEOPLE WHO ARE BEING SERVED AT THAT INDIVIDUAL WORKPLACE.

AND THOSE DATA MUST INCLUDE NOT JUST THE TRADITIONAL INFORMATION THAT HEALTH WORKERS HAVE ALWAYS BEEN TRAINED TO COLLECT, BUT THEY MUST ALSO INCLUDE NEW DATA RELATING TO THE "LIFE-BENEFITS" THAT ACCRUE FROM PREVENTION AND HEALTH PROMOTION.

THAT'S NEW. AND IT'S IMPORTANT.

NOW LET ME MOVE TO ANOTHER MAJOR ISSUE IN THIS WHOLE AREA OF PREVENTION AND HEALTH PROMOTION. I RAISE IT WITH YOU TODAY BECAUSE I THINK IT'S AN ISSUE ESPECIALLY RELEVANT TO NASA. AND THAT ISSUE IS DEMOGRAPHIC CHANGE.

AS I RECALL THE HISTORY, YOUR ORGANIZATION WAS ESTABLISHED 30 YEARS AGO, IN 1958, AS PART OF OUR RESPONSE TO THE SOVIET CHALLENGE OF SPUTNIK I.

NASA'S FIRST CADRE OF SCIENTISTS AND MANAGERS PUT TOGETHER THE INFORMATION THAT MADE IT POSSIBLE FOR PRESIDENT KENNEDY TO ANNOUNCE, JUST A FEW YEARS LATER, THAT AMERICA WOULD GO TO THE MOON. AND AMERICA DID.

KNOWING A LITTLE BIT ABOUT HOW ORGANIZATIONS WORK, I'D SUSPECT THAT A GRADUAL CHANGE HAS ALREADY BEGUN TO OCCUR AT NASA'S TOP AND MIDDLE MANAGEMENT LEVELS, A CHANGE IN WHICH THE VETERANS OF THE EARLY DAYS OF NASA ARE GRADUALLY MOVING ON -- OR MOVING OUT -- TO BE REPLACED BY A NEW GENERATION OF LEADERSHIP.

I'D EVEN GO A BIT FURTHER AND GUESS, WITHOUT EVEN SEEING YOUR PERSONNEL DATA, THAT THERE ARE MORE WOMEN AND MORE RACIAL AND ETHNIC MINORITIES AMONG YOUR INCOMING LEADERSHIP.

IN ADDITION, I WOULD GUESS THAT THE AGE GAP BETWEEN THE NEW PEOPLE AND THE RETIRING VETERANS CAN BE AS WIDE AS 20 YEARS.

WHAT DOES THIS MEAN IN THE REAL WORLD OF ON-SITE OCCUPATIONAL HEALTH?

FOR ONE THING, IT OUGHT TO MEAN A BETTER UNDERSTANDING OF WOMEN'S HEALTH ISSUES. FOR EXAMPLE, I HOPE YOU MAINTAIN A STRONG ANTI-SMOKING PROGRAM. HOWEVER, WE KNOW THAT SUCH A PROGRAM OUGHT TO BE CONCENTRATED TOWARD WOMEN IN THE WORKFORCE.

THE LUNG CANCER RATES FOR WOMEN ARE NOT DROPPING THE WAY THE RATES ARE DROPPING FOR MEN. IN ADDITION, IT SEEMS CLEAR TO ME -- AND TO OTHERS AS WELL -- THAT AN EPIDEMIC OF SMOKING-RELATED HEART DISEASE IS A REAL POSSIBILITY FOR WOMEN SMOKERS, AS IT HAS ALREADY BEEN THE REALITY FOR OLDER MALE SMOKERS.

MAMMOGRAPHY AND PAP SMEARS AND OTHER KINDS OF PREVENTIVE TESTING SPECIFIC TO WOMEN IN THE WORKFORCE NOW REQUIRE YOUR ATTENTION AS WELL. MAYBE YOU'RE DOING THIS ALREADY. IF SO, THAT'S GOOD. IF NOT, I HOPE YOU TAKE A LOOK AT THOSE POSSIBILITIES.

AND CERTAINLY, IF OUR EXPERIENCE ELSEWHERE IN THE AMERICAN WORKFORCE IS A GOOD INDICATOR, WE NEED TO FOCUS MORE ATTENTION ON WORK-RELATED STRESS.

I RAISE THIS IN THE CONTEXT OF THE RISE IN WOMEN EMPLOYEES, BUT IT WOULD BE A MISTAKE TO SEE STRESS AS A GENDER-SPECIFIC ISSUE. IT ISN'T.

IF NASA IS INDEED UNDERGOING A "GENERATIONAL CHANGE," THEN THE ISSUE OF STRESS -- PARTICULAR IN THE MANAGEMENT RANKS -- IS A HEALTH ISSUE FOR BOTH WOMEN AND MEN, FOR EMPLOYEES AT BOTH ENDS OF THE AGE SPECTRUM, AND FOR EMPLOYEES FROM OTHER THAN WHITE MIDDLE-CLASS AMERICAN BACKGROUNDS.

AND HERE AGAIN, YOU NEED TO IDENTIFY THOSE NEGATIVE CONSEQUENCES OF STRESS IN THE CURRENT WORK ENVIRONMENT AND ESTABLISH SOME BASELINE DATA FOR THEM ... NEXT, YOU NEED TO ESTABLISH A PROGRAM TO DEAL WITH WORK-RELATED STRESS ... AND THEN MARKET THAT PROGRAM TO YOUR MOST STRESS-PRONE EMPLOYEES IN THE BEST WAY POSSIBLE:

BY TELLING THEM THE REAL-LIFE BENEFIT -- THE PERSONAL "PAYOFF," IF YOU WILL -- THAT THEY'LL DERIVE IF THEY'LL JUST SIGN UP.

AS I SAID EARLIER, THEIRS IS THE RESPONSIBILITY AND THEIR DECISION IS WHAT IS REQUIRED FOR THEIR HEALTH STATUS TO BE IMPROVED.

FOLLOWING ALONG THAT LINE OF THOUGHT, LET ME RAISE, THEN, ONE FINAL POINT ... A KIND OF FOOTNOTE ... BUT AN IMPORTANT ONE.

YOU AND I, WITH OUR HEALTH TRAINING AND EXPERIENCE, MAY PERCEIVE THE "PAYOFF" FOR THE PEOPLE WE SERVE. BUT OUR PERCEPTION OF PERSONAL BENEFIT MAY NOT NECESSARILY BE THEIR PERCEPTION.

HERE'S WHERE WE GET PERILOUSLY CLOSE TO THAT GRAY AREA IN WHICH OUR PERSONAL JUDGMENTS TEND TO INFLUENCE OUR PROFESSIONAL JUDGMENTS.

FOR EXAMPLE, HOW DO WE FEEL ABOUT OVERWEIGHT PERSONNEL WHO REJECT OUR HELP FOR SETTING UP A HEALTHFUL EXERCISE AND DIET REGIMEN?

AND HOW DO WE RESPOND TO SOMEONE WHO LEAVES THE BUILDING AND STANDS AROUND THE SIDEWALK FOR A SMOKE TWO OR THREE TIMES A DAY, RATHER THAN CONQUER THE ADDICTION TO TOBACCO?

AND HOW DO WE RESPOND TO SOMEONE WHOSE SEXUAL PREFERENCE
AND/OR LIFESTYLE MAY BE THE REASON THEY HAVE TESTED SEROPOSITIVE
FOR AIDS?

ALL THOSE SITUATIONS ARE DIFFERENT ... EXCEPT FOR ONE THING:
THEY ILLUSTRATE THE DILEMMA OF OUR HAVING MORE AND MORE
KNOWLEDGE ABOUT CAUSE AND EFFECT IN HEALTH, BUT WE HAVE THAT
KNOWLEDGE IN AN INVERSE RATIO TO CONTROL OVER WHAT WE CAN DO
ABOUT IT.

IN OTHER WORDS, THE MORE DATA WE COLLECT, RELATIVE TO PREVENTION AND HEALTH PROMOTION ... AND THE MORE GOOD ANALYSIS WE DO ON THOSE DATA ... THE STRONGER WILL BE OUR CASE TO THE PERSONNEL WE SERVE.

BUT THAT'S ALL IT CAN BE: A CASE TO BE PUT BEFORE OTHERS, PRESENTED IN SUCH A WAY THAT EACH PERSON WILL INDEPENDENTLY AND RESPONSIBLY MAKE THE "CORRECT" JUDGMENT.

BUT THEY MAY NOT. AND IT WILL BE UP TO US TO REMAIN TRUE TO OUR DATA AND TO OUR ETHICAL COMMITMENT TO SERVE, DESPITE THE CONTRARINESS OF OUR CLIENTS AND PATIENTS.

THAT, I BELIEVE, IS THE CHALLENGE OF THE CONTEMPORARY PUBLIC HEALTH ENVIRONMENT. AND IT'S A BIG ONE. BUT I KNOW WE'VE MADE A GREAT DEAL OF PROGRESS IN JUST THE PAST 10 YEARS ... PROGRESS IN TERMS OF GETTING OUR FELLOW CITIZENS TO BE MORE SENSIBLE AND RESPONSIBLE ABOUT THEIR HEALTH.

I BELIEVE WE CAN FEEL GOOD ABOUT THE PROFESSION WE'RE IN. WE CAN FEEL GOOD ABOUT THE ROLE PLAYED BY OCCUPATIONAL HEALTH IN THE TOTAL SCHEME OF FAMILY AND COMMUNITY HEALTH.

AND WE OUGHT TO LOOK FORWARD TO OTHER SUCCESSES IN THE YEARS AHEAD ...

- * SUCCESSES IN THE REDUCTION OF STRESS-RELATED ILLNESSES ...
- * SUCCESSES IN THE INTEGRATION OF WOMEN'S HEALTH ISSUES INTO OUR TOTAL OCCUPATIONAL HEALTH EFFORT ...
- * SUCCESSES IN REDUCING THE INCIDENCE OF SEXUALLY TRANSMITTED DISEASES ... INCLUDING BOTH THE COMMON ONES, SUCH AS SYPHILIS AND GONORRHEA, WHICH ARE STILL VERY MUCH WITH US, AND THE UNCOMMON AND MOST DEADLY ONE OF ALL -- AIDS -- WHICH IS BECOMING MORE COMMON AS EVERY DAY PASSES.

AS I SAID AT THE BEGINNING OF MY REMARKS TODAY, THE EMPHASIS IN PUBLIC HEALTH IS CLEARLY AND IRREVOCABLY ON HEALTH PROMOTION AND DISEASE PREVENTION. AND TO MAKE THIS NEW EMPHASIS A SUCCESS, WE NEED TO HAVE GOOD LOCAL DATA AND WE NEED TO RELATE THOSE DATA TO THE WAY PEOPLE ACTUALLY LIVE.

IN MY VIEW, THOSE SEEM TO BE THE BASIC ELEMENTS OF OUR OCCUPATIONAL HEALTH STRATEGY -- AND OUR PUBLIC HEALTH STRATEGY IN GENERAL -- FOR MANY YEARS TO COME.

SO I WELCOME YOU TO THE CHALLENGE AND I DO SO WITH A GOOD
FEELING. I THINK YOU'RE UP TO IT AND I THINK YOU'RE COMMITTED TO
THE OUTCOMES.

AND THAT'S ALL WE NEED TO MOVE FORWARD.

THANK YOU.

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